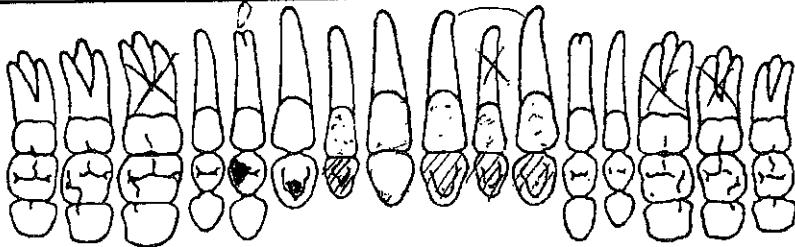


BP-S618.060 CLINICAL DENTAL RECORD CDFRM

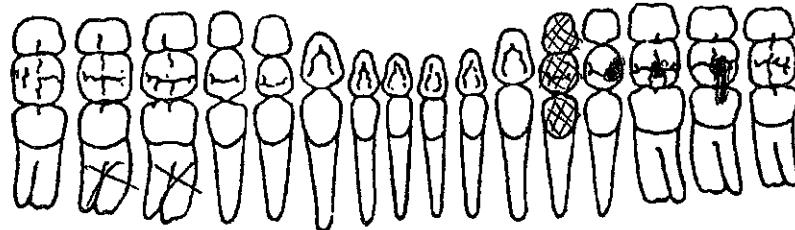
AUG 96

U.S. DEPARTMENT OF JUSTICE

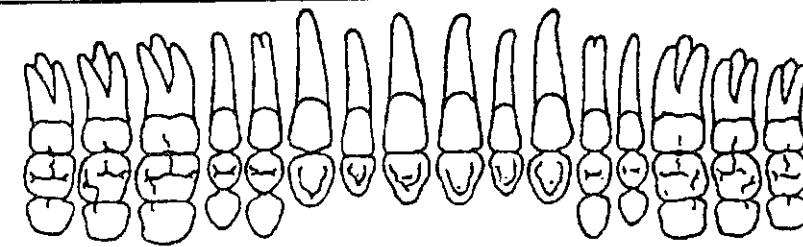
FEDERAL BUREAU OF PRISONS

Examination:  Screening  Comprehensive  Periodic

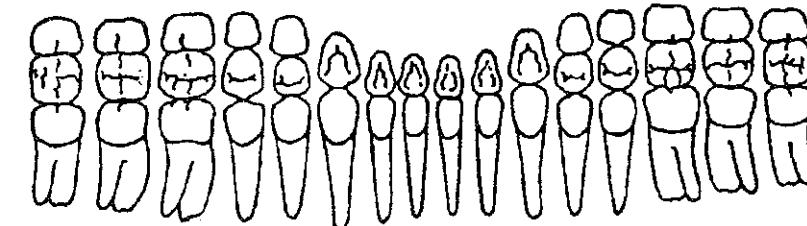
RIGHT      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16      LEFT  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Treatment Completed



RIGHT      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16      LEFT  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name      Number      Sex: M F      Age:

40428-053

ALLEN, ANTHONY (5/2/1964)  
HARE, S03 / SURGICAL, IN/MEDIUM

Occlusion

CLASS I

Oral Hygiene

Good

Fair

Poor

CPITN

/	/	/
/	/	/

Head &amp; Neck/Soft Tissue

W/N/L

Additional Findings

C/C, SI.

D: \_\_\_\_\_

M: 6

F: 9

Recommended Treatment Plan

 Radiographs

Pan + Bu

 Dental Prophylaxis Oral Hygiene Instruction Periodontal Evaluation 0  II III Oral Surgical Procedures Endodontic

Engt #5

 Restorative Prosthodontic Evaluation

Dentist Signature

PATRICK MCDERMOTT, D.D.S.  
CHIEF DENTAL OFFICERMEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI

Date

1-07-04

Federal Bureau of Prisons Clinical Dental Records

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE		DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
08/18/03 0637 hrs		<p>A: #05, Cervical 20 previous caries      P: Patient does not desire tooth extraction. Advised patient that at this time, medication would be prescribed but that he cannot be maintained on prescriptions if swelling continues to occur or persist. Patient understands.</p> <p>Px: PenVK 500mg x 30, i/gish (exhibit)      Aleve 800mg x 30, i/gish (exhibit)</p>	
Reviewed By: V. Geza, PharmD			 William K. Collins, D.D.S. CDO FCI McKean
10/23/03 1254 hrs		<p>S: R/V for F/H on #05      O: PI #: 0, Med. Hr. Rev'd: NK DA      Fistula present between #'s 05 &amp; 06      #05: (3) Percussion, (2) Palpation      (2) Mobility      PEX: Radiolucency on one of      roots      No decay</p>	 W. K. Collins, DDS C. McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle; grade; date; hospital or medical facility)

Allen, Anthony

REGISTER NO. 4048-053 FCI McKeanDENTAL TREATMENT RECORD  
HRSA-237 (4/95)

FCI McKean

EJ:

HRSA-237 (4/95)  
**(REVERSE)**

1-63 JRC-2001

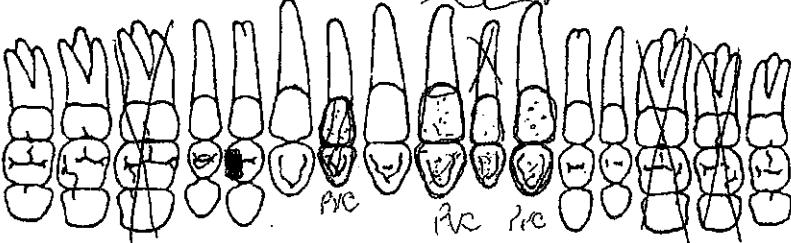
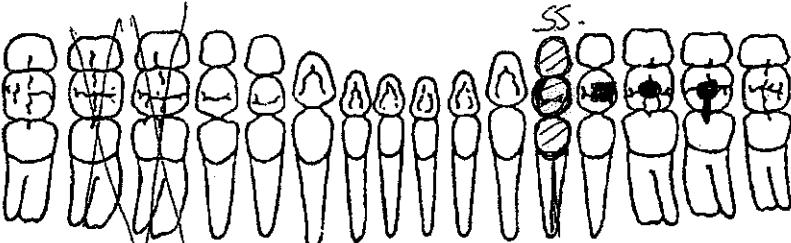
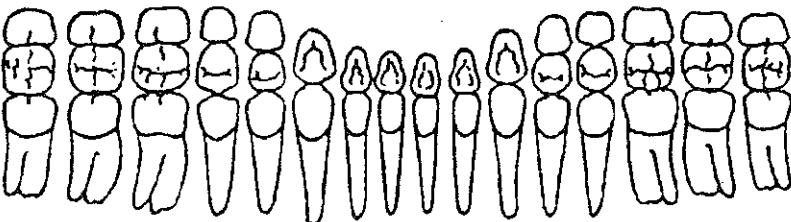
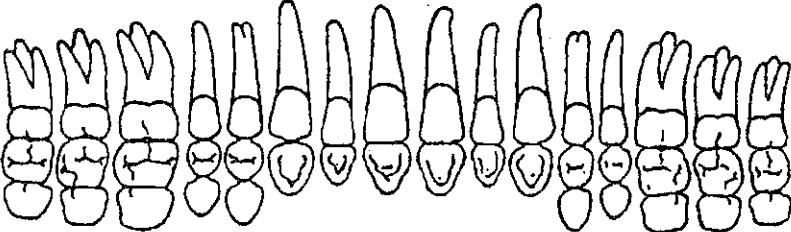
**DENTAL TREATMENT RECORD (Continuation)**

## BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic	Occlusion <i>Class I</i>						
	Oral Hygiene <i>Good</i> <input checked="" type="radio"/> <i>Fair</i> <input type="radio"/> <i>Poor</i>						
	CPITN <table border="1"><tr><td>2</td><td>2</td><td>2</td></tr><tr><td>2</td><td>2</td><td>2</td></tr></table>	2	2	2	2	2	2
2	2	2					
2	2	2					
	Head & Neck/Soft Tissue <i>STWNL</i>						
Additional Findings Erosion from tooth brush abrasion D: <u>2</u> M: <u>6</u> F: <u>9</u>							
Treatment Completed 	Recommended Treatment Plan <input checked="" type="checkbox"/> Radiographs 4-28-03 <input type="checkbox"/> Dental Prophylaxis 2-26-03 <input checked="" type="checkbox"/> Oral Hygiene Instruction 4-28-03 <input type="checkbox"/> Periodontal Evaluation 0 I II III <input type="checkbox"/> Oral Surgical Procedures <input type="checkbox"/> Endodontic <input type="checkbox"/> Restorative 4-occ #9 lingual (under margin) <input type="checkbox"/> Prosthodontic Evaluation						
Patient Name Allen, Anthony	Number 40428-053	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Age: 31/4				

FCI McKean

Dentist Signature

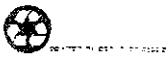
Date

2-26-03

William K. Collins, D.D.S.

CDO

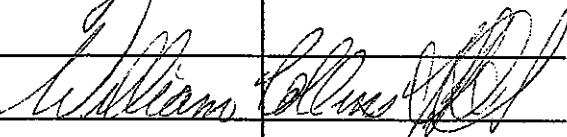
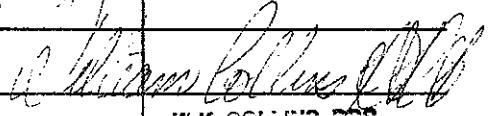
FCI McKean



## Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
2-26-03		SOA: Routine care patient 1130 hrs p: update med hist. Soft tissue exam scale with ultrasonic scalers, 2 air/wire, oral hygiene flut scale, polish 4 bite wing x-rays topical fluoride application
		Jody L Batista R.D.H. Jody L Batista R.D.H. William S. Collins D.D.S.
		William K. Collins, D.D.S. CDO FCI McKean
4-28-03		SOA: Routine Care patient 0930 hrs p: updated med hist. 4 bite wing x-rays Scale polish, topical fluoride applied Comp exam per Dr. Collins
		Jody L Batista Jody L Batista William S. Collins D.D.S. William K. Collins, D.D.S. CDO FCI McKean
08/18/03 0637 hrs	5;	"I have some swelling right here. The tooth where the filling was out." (Patient points to tooth #5, PT #: 3) O: Med Rx: N/A; NKDA #05, DG amalgam restoration is present. Swelling above #05.
		W.K. Collins D.D.S.

William K. Collins, D.D.S.  
CDO  
FCI McKean

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS		SIGNATURE
09/19/2000 1030 hrs	<p>5: "My tooth is chipped, and it's sensitive to cold liquids!"</p> <p>O: <del>#4</del><sup>#5</sup> <del>FCI</del> <sup>FCI McKean</sup> carious lesion ③percussion, ③palpation Med Rx: Permeabac</p> <p>A: #4 Reversible pulpitis</p> <p>P: Lidocaine 2% E 150, 600 epinephrine x3, caries removal, physical IRM for a DO, provisional restoration, occlusal adjustment.</p>		
			
			W.K. COLLINS, DDS C.D.O. FCI McKean
01/19/2001 0715 hrs	<p>5: "My filling is out."</p> <p>O: Med Rx: Permeabac patient points to #17 #17 appears normal</p> <p>A: #17, 601K</p> <p>P: Patient assured that #17 is 601K.</p>		
			W.K. COLLINS, DDS C.D.O. FCI McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)



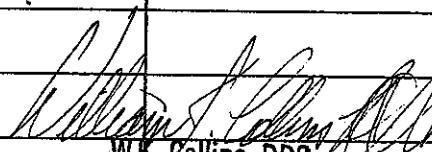
FCI McKean

REGISTER NO. **40268-053**

WARD NO.

DENTAL TREATMENT RECORD  
HRSA-237 (4/95)

**DENTAL TREATMENT RECORD (Continuation)**

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
12/09/02	5: "My tooth has been hurting for 1300 hrs a long time" (Patient points to #85) P.T. #8	
	O: Med. Hx: Prod: NKDA #85, DO carious lesion (-) Percussion, (-) Palpation Rax: Radiolucency at apex Radiolucency in crown	
	A: #85, Periapical abscess L <sup>2</sup> Chronic caries	
	P: Patient does not desire tooth extracted. Advised patient that a restoration would be attempted but could not predict if tooth would accept it. Patient understands.	
	Lidocaine 2% E 1:100,000 epinephrine x 2 1/2; caries removal, dycal, etching agent (Ketac), Ketac Silver Restoration Material for DO restoration. Oral surgical adjustment.	 W.K. Collins, DDS Chief Dental

U.S. Bureau of Prisons  
Dental/Medical History Form

MEDICAL CENTER FEDERAL PRISONERS 1900 WEST SUNSHINE - SPRINGFIELD MO 65807

1. Are you presently taking any medication? Yes  No
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? Yes  No
3. Have you been under the care of a physician during the past two years? If so, why? Yes  No
4. Have you been hospitalized in the past two years? Yes  No
5. When you walk upstairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or because you feel very tired? Yes  No
6. Do your ankles ever swell during the day? Yes  No
7. Have you ever been treated for a tumor or growth? Yes  No
8. Have you ever had abnormal bleeding? Yes  No
9. Have you had any serious difficulty with any previous dental treatment? Yes  No

Circle any of the following that you have or have had:

Congenital heart defects	Heart Murmur
Heart Attack or heart trouble	Angina
Rheumatic Fever	High blood pressure
Stroke	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Hepatitis	AIDS or HIV infection
Thyroid problems	Emphysema
Chronic bronchitis	Tuberculosis (TB)
Venereal disease (syphilis, gonorrhea)	Psychiatric Treatment
Arthritis	Artificial Joint Prostheses
Artificial Heart Valve	Dialysis
Cancer	

Do you have any disease, condition, or problem not listed? Yes  No

40428-053

ALLEN, ANTHONY (5/2/1964)

HARE, S03 / SURGICAL, IN/MEDIUM

Reg. No. 40428-053

Date 1-7-04



U.S. BUREAU OF PRISONS  
Historia Clínica de Odontología Y Médica

MEDICAL CENTER FEDERAL PRISONERS 1900 WEST SUNSHINE SPRINGFIELD, MO 65807

1. ¿Que medicinas está tomando actualmente ? SI NO  
Si es sí, el nombre - \_\_\_\_\_
2. ¿A que medicinas está ALÉRGICO ? SI NO
3. ¿Tuvo alguna enfermedad los últimos dos años que requirió ver un doctor ? SI NO  
Si es sí, por qué ? \_\_\_\_\_
4. ¿Ha estado en el Hospital durante los ultimos dos años ? Si es sí, por qué ? SI NO
5. ¿Tiene alguna dificultad para respirar, dolor en el pecho o se siente agotado cuando sube las escaleras ? SI NO
6. ¿Se le hinchan los piés ? SI NO
7. ¿Tiene cancer? ¿Desde cuando ? SI NO
8. ¿Sangra con exceso ? SI NO
9. ¿Ha tenido problemas con los dientes ? SI NO

Que enfermedades o sintomas tiene, o tuvo que sepa usted, ponga una marca:

Defectos del corazón	Soplo cardiaco
Ataque del corazón	Angina
Fiebre Reumática	Presión alta
Apoplejía o Derrame Cerebral	Marcapasos
Asma o Fatiga	Convulsiones
Anemia (problemas de sangre)	Diabetes
Hepatitis	SIDA o HIV infection
Problemas de tiroides	Enfisema
Bronquitis	Tuberculosis
Enfermedad Venerea (Gonorrea/Sifilis)	Desórdenes psiquiatras
Artritis	Coyunturas artificiales
Valvulas artificiales	Diálisis

¿Tiene otras enfermedades que no están en esta lista ? SI NO

Nombre \_\_\_\_\_ Número \_\_\_\_\_

Institución \_\_\_\_\_ Fecha \_\_\_\_\_

FEDERAL BUREAU OF PRISONS  
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? If so, what? yes no
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no
3. Have you been under the care of a physician during the past two years? If so, why? yes no
4. Have you been hospitalized in the past two years? If so, why? yes no
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day? yes no
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? *MAYBE* yes no
10. Have you ever had clicking, popping, or pain in your jaw joint? yes no

Circle any of the following that you have had:

- |  |                       |
|--|-----------------------|
| Congenital heart defects               | Heart murmur          |
| Heart attack or heart problems         | Angina                |
| Stroke                                 | High Blood pressure   |
| Rheumatic Fever                        | Heart pacemaker       |
| Asthma                                 | Epilepsy or seizures  |
| Anemia (blood problems)                | Diabetes              |
| Thyroid problems                       | AIDS or HIV infection |
| Chronic bronchitis                     | Emphysema             |
| Venereal disease (syphilis, gonorrhea) | Tuberculosis (TB)     |
| Arthritis                              | Psychiatric treatment |
| Artificial heart valve                 | Artificial joint      |
| Hepatitis                              |                       |

*1/28/03*  
*no chart*  
*see below*  
*1/28/03*  
Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?  
WOMEN ONLY: Are you pregnant?

Name: Anthony New

Reg No. 4042053

Institution: McLennan

Date: 2-26-03



**INFORMATION FOR DENTAL SERVICE (To be filled in by referring agency)**

---

**26. PRINCIPAL MEDICAL DIAGNOSIS**

---

**27. CHECK HERE IF HOSPITALIZED  
FOR DENTAL TREATMENT  
ONLY**

**28. PATIENT REFERRED FOR**

---

**29. REMARKS**

---

**30. APPROXIMATE PERIOD OF HOSPITALIZATION**

31. DATE

**32. SIGNATURE OF PHYSICIAN**

## **AUTHORIZATION**

---

**33. DENTAL TREATMENT AUTHORIZED**

---

34, DATE

**35. SIGNATURE OF AUTHORIZING DENTIST**

**36. TREATMENT RECORD**

DATE	DIAGNOSIS-TREATMENT-REMARKS	SIGNATURE
8/20/96/0835	Comprehensive exam. O/H/I, Prophy Ro- cemented SSC #21 in Enpo+ cement (Seleny). Tx Complete.	<i>R.W.</i> CABANAS, D.M.D. CHIEF DENTAL OFFICER
10/8/96 0930	(S) Crown come dislodged (o) #21 in ACT SSC cemented = 1AM. (A) - (P) Fir Core Ketac Bon Pre Bio Pectae-fil. Resinut SSC = Ketac Cer.	<i>J. G. Sterba DDS</i> WG. STERBA DDS

Bradford, PA 16701

(Continued On Reverse Side)

**REGISTER NO.**

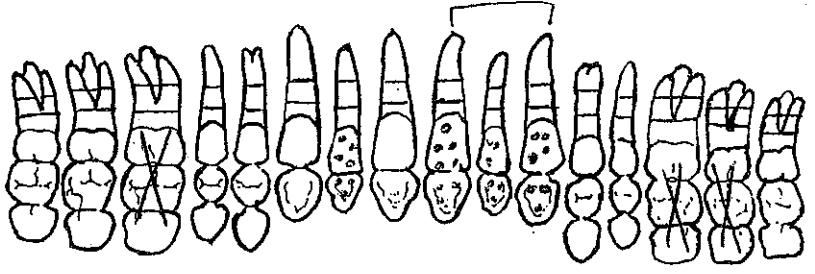
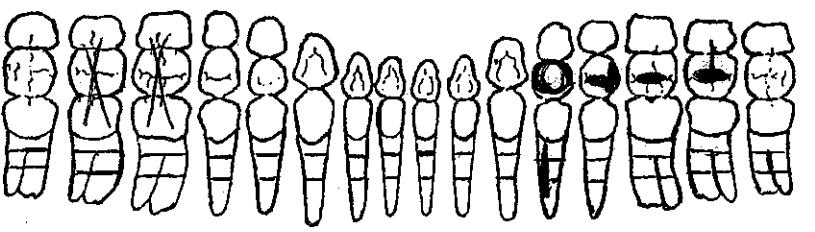
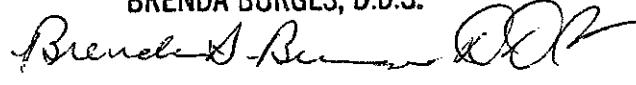
WARD NO.

Allen, Anthony  
40428-053  
FCI Newark

**DENTAL TREATMENT RECORD**

HSA-237 (6-74)  
(Reverse)

**DENTAL TREATMENT RECORD (Continuation)**

FEDERAL BUREAU OF PRISON'S DENTAL CLINICAL RECORD																			
GM																CPITN:			
 RIGHT: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT: 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17																I 2	II 2	III 2	
																IV 2	V 2	VI 2	
D:   M: 5 F: 8																Oral Hygiene: P(A) E			
Gingival/Soft Tissue:  																			
Other Findings:  																			
GM																TMJ Function:			
Recommended Treatment: PNTA																			
Oral Health Education: / Radiographs: / Prophylaxis: / Additional Perio.: Oral Surgery:								Restorations: #21 Endodontics: Prosthetics: Other:											
Medical/Dental Health History Review: Allergies: No Medications: Meds for QBD Blood Pressure: 1BP Cardiovascular Disease: No Diabetes: No Other: -																			
Date:	Signature of Examiner: BRENDA BURGES, D.D.S. 																		
Patient's Identification: Name: Allen Number: 40428-053 Unit:																			

Institution:  
FCI, Ft. Worth, TX

521-FTW

**PATIENT:**

**NUMBER:**

521-FTW

TO: (Name and Title of Staff Member)	DATE:
Dr. Beam.	04 3-5-05
FROM: Anthony Allen	REGISTER NO.:
WORK ASSIGNMENT: Unicor	UNIT: C IA Cell 104

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, For The Past 4 day's I have not used the Toilette Because I am Clog-up. The situation That I Am in For The going Three weeks eating white bread cheese Causes such problem. I Am allergic To Milk-of-Magnesia, Metamucil only makes things worsen, Please understand I can afford the above item's, I have bought them before and experienced the above, while I were in Springfield Medical Institution the doctor's recommend to use Bisacodyl 5mg Tab.

Thank you very much for your cooperation.

(Do not write below this line)

DISPOSITION:

Increase The amount of water  
you drink to take care  
of this problem

Signature Staff Member

Date

3/10/05

Record Copy - File; Copy - Inmate  
This form may be replicated via (FAX)

STEAM, MD  
MCKEAN

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member)	DATE:
Dr. Colvin Dental Department	10-14-04
FROM:	REGISTER NO.:
Anthony Allen	40428-053
WORK ASSIGNMENT:	UNIT:
Univ. of	CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Please forward to me a copy of my dental record from January First 2000 through September 13 of 2004. Please include copies of X-RAY and name(s) of medication(s) that were prescribed if any.

Thank you for your earliest reply.

(Do not write below this line)

DISPOSITION:

See Attached  
J.D.P.

(Cannot copy  
X-rays)

J.C. McLean

Signature Staff Member

Date

10/14/04

Record Copy - File; Copy - Inmate  
This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



Printed on Recycled Paper

TO: (Name and Title of Staff Member) <u>To The STAFF in charge</u>	DATE: 10-14-04
FROM: <u>Anthony Allen</u>	REGISTER NO.: 40428-053
WORK ASSIGNMENT: <u>Unicor</u>	UNIT: COT

UBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day This is my second request for  
 A copy of the record from the doctor when  
 I was ill and have to went to the outside hospital  
 in 2003 in bradford.

Waiting for your earliest reply

(Do not write below this line)

DISPOSITION:

See attached  
3 Pgs.

FCI mckea

Signature Staff Member

Date

10/14/04

Record Copy - File; Copy - Inmate  
 This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
 and BP-S148.070 APR 94



Printed on Recycled Paper

**PART B-RESPONSE**

This is in response to your Request for Administrative Remedy received in my office on September 27, 2004 in which you claim denial of proper dental treatment. Specifically, you request a root canal.

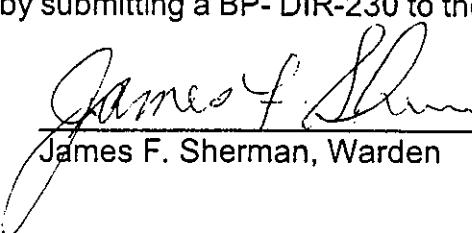
An investigation of your complaint reveals you first complained of tooth pain on September 19, 2000. Examination revealed your upper right premolar had a cavity involving the front and back of the tooth. At that time, the decay was removed and a special medication, Dycal, was placed permanently in the tooth with a temporary filling over it. You were advised to fill out a cop-out for routine care so the temporary filling could be replaced with a permanent filling. You were not seen again with complaints of this tooth until December 9, 2002. At that visit it was found the decay had reoccurred and most of the temporary filling was missing. An abscess was also identified in the pulp of the tooth at that time. Due to the extent of decay you were informed the tooth would most likely not be able to support a permanent filling. Extraction of the tooth was recommended. You refused to have the tooth extracted, so the decay was again removed, Dycal placed in the tooth, and a semi-permanent filling was again placed over the tooth as much as possible. On August 18, 2003, you presented to the dental clinic with a complaint of swelling above this same tooth. The restoration placed in the tooth on December 9, 2002, was still in place. The swelling occurring was coming from above the affected tooth. You were advised medication could be used to treat the tooth; however, you could not be maintained on the medication if the swelling were to persist or reoccur. You indicated that you understood and a prescription for Penicillin and Motrin was ordered. On October 22, 2003, you presented to the dental clinic again. At this time a fistula was observed above the tooth with the abscess still present at the apex of the root. You still refused to have the tooth extracted.

On December 18, 2003, you were transferred to FMC Springfield for other reasons not pertaining to your tooth. While there, you were seen on January 23, 2004, in the dental clinic for emergency care of the same tooth. On January 27, 2004 you were seen by a dentist and diagnosed with an abscess and fistula. A prescription for Penicillin and Motrin was given at that time. On September 2, 2004, you presented back at FCI McKean dental clinic with complaints of right upper jaw pain in the area of the abscessed tooth. You were encouraged to have the tooth extracted and again refused. A prescription for Penicillin and Motrin was again ordered. You again presented to the dental clinic on the next day, September 3, 2004. At this time you complained of sensitivity to your gums around the affected tooth. It was revealed you had been placing aspirin above your tooth to relieve the pain. You were educated this will cause chemical burns to your gums. You were advised to use warm salt water rinses and take the medication prescribed. For almost four years you have neglected your tooth and not followed the recommended treatment.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP- DIR-230 to the regional director.

10/18/04  
Date

  
James F. Sherman, Warden



# FEDERAL BUREAU OF PRISONS

## memorandum

FCI McKean, Pennsylvania

DATE: September 30, 2004

REPLY TO  
ATTN OF:

Rosemary Dean, Warden's Secretary

SUBJECT: ADMINISTRATIVE REMEDY (BP-9)  
MCK 353209-F2

TO: Rodney Smith, Health Service Administrator

Please investigate the attached BP-229 filed by inmate **ALLEN, Anthony**; reg. no.: **40428-053**. Route your response through your Associate Warden and Camp Administrator/Legal Liason. Your administrative remedy response is due in the warden's office no later than **October 7, 2004**.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: ALLEN, ANTHONY  
LAST NAME, FIRST, MIDDLE INITIAL

40428-053

REG. NO.

CA

UNIT

INSTITUTION

## Part A- INMATE REQUEST

For the past several weeks I have been experiencing intense pain in my front tooth. After being seen by the dentist, I was told that I have developed an infection in my tooth and as a remedy, my only options are: (1) I would have to wait until I am released to have the infection in my tooth properly addressed; or (2) have the tooth removed. Because I am currently serving a life sentence, the first option clearly isn't viable. The second option, however, poses several problems. What happens should another one of my tooth become infected? Do you continue to pull each individual tooth until I am left with just gums? Where do you draw the line? Because I am guaranteed proper and adequate medical treatment (dental included) that is commensurate to that which is being extended to the surrounding community, arbitrarily pulling my tooth rather than properly treating the infection is wholly intrusive and an affront to sound and proper medical treatment.  
(PLEASE SEE ATTACHED)

09-25-04

DATE

Anthony Allen

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

CASE NUMBER: 355207

ORIGINAL RETURN TO INMATE

CASE NUMBER:

## Part C- RECEIPT

Return to: LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

RECIPIENT'S SIGNATURE (STAFF MEMBER)

DATE

You MUST attempt to informally resolve your complaint through your administrative remedy to the Warden. Briefly state your complaint below, and list what efforts you have made to resolve your complaint informally, stating names of staff contacted.

This Informal Resolution was issued by Correctional Counselor, Falvo on 9/09/04 and returned to the counselor on 9/13/04 Date

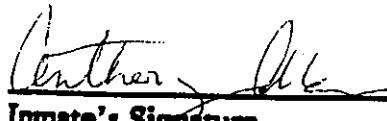
Inmate's Name Anthony Allen Reg. No. 40428-053 Unit CA

1. Complaint: \_\_\_\_\_

-PLEASE SEE ATTACH-

2. Efforts made to informally resolve and staff contacted: \_\_\_\_\_

-PLEASE SEE ATTACH-

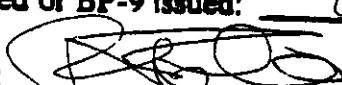
  
Inmate's Signature

40428053  
Inmate's Reg. No.

**PART 2 Correctional Counselor's Comments:**

1. Efforts made to informally resolve: SEE ATTACHED (Justified by Dr. Collins today (9-22-04)).

Date informally resolved or BP-9 issued: 09-22-04

Counselor's Signature: 

**Distribution:** If complaint is NOT informally resolved, forward original Administrative Remedy to the Warden (attn: Warden's Secretary) through your unit team.

IN FORMAL ADMINISTRATIVE REQUEST

For the past several weeks I have been experiencing intense pain in my front tooth. After being seen by the dentist, I was told that I have developed an infection in my tooth and as a remedy, my only options are: (1) I would have to wait until I am released to have the infection in my tooth properly addressed; or (2) have the tooth removed. Because I am currently serving a life sentence, the first option clearly isn't viable. The second option, however, poses several problems. What happens should another one of my tooth become infected? Do you continue to pull each individual tooth until I am left with just gums? Where do you draw the line? Because I am guaranteed proper and adequate medical treatment (dental included) that is commensurate to that which is being extended to the surrounding community, arbitrarily pulling my tooth rather than properly treating the infection is wholly intrusive and an affront to sound and proper medical treatment. Certainly no one around these parts are being subjected to the inferior and perfunctory terms regarding dental care that is being extended to me. Removing my tooth at this stage is undoubtedly unwarranted and clearly arbitrary.

RELIEF

The infection in my tooth, I am told, requires a root-canal. I am requesting that the root-canal be performed on my tooth rather than having the tooth removed. If cost is a factor, I offer to pay for it.

  
\_\_\_\_\_  
Anthony Allen 40428-053

Dated: September 13, 2004